



*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary*

March 4, 2020

The Honorable Shane E. Pendergrass, Chair  
House Health and Government Operations Committee  
241 House Office Building  
Annapolis, MD 21401-1991

**RE: HB 1091 – Maryland Medical Assistance Program – Long-Term Care Services and Supports – Personal Needs Allowance - Letter of Opposition**

Dear Chair Pendergrass and Committee Members:

The Department of Health (Department) respectfully submits this letter of opposition regarding HB 1091 – Maryland Medical Assistance Program – Long-Term Care Services and Supports – Personal Needs Allowance and requests the Committee return the bill unfavorably. Not only does the bill have a substantial fiscal impact (\$60.9 million annually), there are also unintended consequences, including the potential loss of coverage for some of Medicaid’s most vulnerable adults. In the hearing for this bill’s cross file, SB 863, the Senate sponsor informed the Senate Finance Committee that he was working on amendments, which would drastically alter the bill. The Department looks forward to working with the sponsors of this bill in both Chambers to better understand the intent of those amendments.

As written, HB 1091 requires the Department to establish a Personal Needs Allowance (PNA) of not less than \$450 per month or \$5,400 per year when determining the available income of a Medicaid recipient who is aged, blind, or disabled (ABD). The bill will be effective October 1, 2020. The current PNA for Medical Assistance Long Term Care is \$82 per month. Raising the PNA to \$450 for 15,180 participants will increase the cost of providing services to the Department by as much as \$60.9 million TF (\$30.45 million FF, \$30.45 million GF) annually.

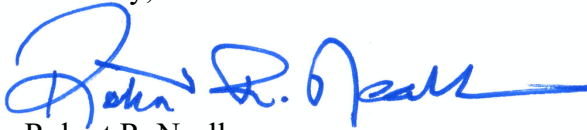
PNA is a post-eligibility deduction and is not considered when determining a person’s financial eligibility for Medicaid. However, any unspent PNA can be carried over to the next month (resulting in an accrual of available resources), which will be taken into consideration when determining eligibility and could lead to the loss of coverage.

Additional general fund expenditures may be required because the Developmental Disabilities Administration was not factored into the above \$60.9 million fiscal impact. Increasing the PNA will reduce the income an individual has available to make payments towards their cost of care. Many individuals receiving DDA services from Medicaid or the developmental disabilities waiver receive federal Supplemental Security Income (SSI), at the current amount of \$783 per month. The PNA is subtracted from the monthly SSI payment, with the balance applied to the cost of care. If the cost of care exceeds the balance and participants are not able to pay the

remainder, DDA general fund expenditures must increase to reimburse providers by that additional amount. Under HB 1091, there would be \$333/month remaining to be applied to the cost of care. Currently, Maryland residential service providers can charge \$375/month in room and board, resulting in a difference of \$42/month that the Department would be responsible for paying. This rate has been in place for over twenty years and will likely increase under the statutory rate increases for DDA providers, which will increase the Department's expenditures.

I hope this information is useful. If you have questions or need more information about this subject, please contact Webster Ye, Director of Governmental Affairs, at (410) 260-3190 or [webster.ye@maryland.gov](mailto:webster.ye@maryland.gov).

Sincerely,



Robert R. Neall  
Secretary